

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596402

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		3		
5		0		0		
6		0		0		
7		0		0		
8		0		0		
9		0		0		
10		0		0		
11		0		0		
12		0		0		
13		0		0		
14		0		0		
15		0		0		
16		0		0		
17		0		0		
18		0		0		
19		0		0		
20		0		0		
21		0		0		
22		0		0		
23		0		0		
24		0		0		
25		0		0		
26		0		0		
27	1					
28		0		0		
29		0		0		
30		0		0		
31		0		0		
32		0		0		
33		0		0		
34		0		0		
35		0		0		
36		0		0		
37		0		0		
38		0		0		
39		0		0		
40		0		0		
41		0		0		
42		0		0		
43		0		0		
44		0	1	1		
45		0		0		
46		0		0		
47		0		0		
48		0	1	1		
49		0		0		
50		0		0		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		1		
52		0		1		
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
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97						
98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		50	←	←	
TOTAL CLAIMS			52			